



Please type a plus sign (+) inside this box → +

**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/073,669
		Filing Date	Feb 11, 2002
		First Named Inventor	Noble, Kenton E.
		Group Art Unit	2857
		Examiner Name	Unassigned
Total Number of Pages in This Submission	5	Attorney Docket Number	007.0182.01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	APR 10 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: **APR 10 2002**

Type or printed name	Casey Leichter
Signature	
Date	APR 10 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR 18 2002
**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/073,669
Filing Date	2/11/2002
First Named Inventor	Noble
Group Art Unit	2857
Examiner Name	Unassigned
Attorney Docket Number	007.0182.01

To: Assistant Commissioner for Patents
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number [] [] []

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker			
Address	1600 Willow Drive			
City	San Jose	State	CA	Zip
Country	USA			
Telephone	Fax			

- This request is made on behalf of :
- all the attorneys/agents of record
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - the attorneys/agents associated with Customer Number 22895

This request is enclosed in triplicate (including any attachments).

SIGNATURE OF ATTORNEY/AGENT

Name	Patrick S. Bouve
Signature	
Date	APR 10 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.

RECEIVED

OCT 23 2002

DIRECTOR OFFICE
TECHNOLOGY CENTER 2100